

ORAL HYGIENE

JULY 1922
DENTAL CLINIC
UNIVERSITY OF ALABAMA
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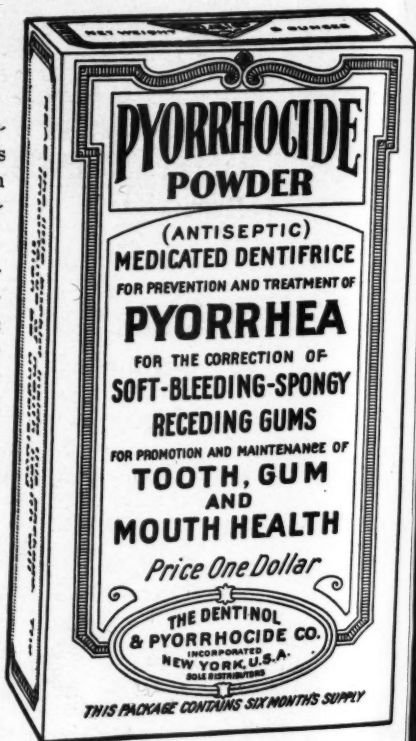
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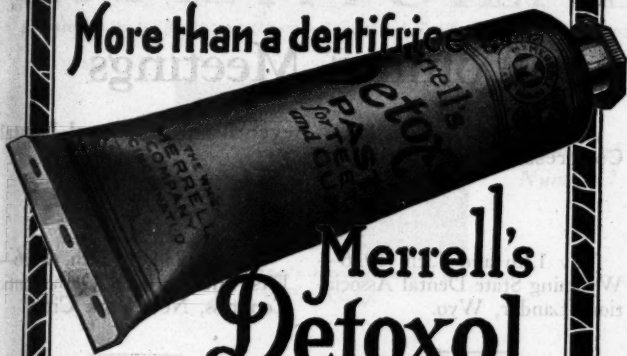
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More than a dentifrice



Merrell's Detoxol

For combating mouth infection

An effective dentifrice in which a tooth paste serves as a carrier for an active toxin-neutralizing agent—Sodium Ricinoleate—to encourage the continuous use by the patient of this detoxifying and inhibiting agent.

Sodium Ricinoleate—the purified salt of a fatty acid from the castor bean—neutralizes on contact such virulent toxins as those of tetanus, diphtheria, and scarlet fever, without injury to tissues or destruction of their antigenic properties. It also exerts definite, though selective killing properties toward the bacteria playing an active part in mouth infections, such as the *Streptococcus*, *Vincent's organisms*, and others.

Detoxol is tested both for its power to protect guinea pigs against ten M. L. D. of tetanus toxin, and for its germicidal activity toward the *Streptococcus*.

Merrell's Detoxol is a scientific product for professional use by the thinking practitioner. A professional trial package will be supplied upon request.

America's Oldest Pharmaceutical Laboratory



FOUNDED 1888
THE W. S. MERRELL COMPANY
CINCINNATI, U. S. A.



Coming Meetings

August 23d to 28th, 1926—Seventh International Dental Congress, Philadelphia, Pa.

July 12th and 13th, 1926—
Wyoming State Dental Association, Lander, Wyo.

August 23d to 27th, 1926—
First International Orthodontic Congress, New York City.

August 16th, 1926—American Society of Orthodontists, New York City.

August 23d to 28th, 1926—
American Dental Hygienists' Association, Philadelphia.

August 16th to 19th, 1926—
Psi Omega Fraternity, National Alumni Chapter, Penn Athletic Club, Philadelphia. Banquet at 6 p. m., Thursday, August 26th.

August 26th and 27th, 1926—
Reunion of Baltimore College of Dental Surgery Alumni, Bellevue-Stratford Hotel, Philadelphia.

August 19th to 21st, 1926—
American Dental Assistants' Association, Philadelphia.

Summer School for Dental Hygienists, University of Buffalo, Buffalo, N. Y. For graduate hygienists only. Address Dr. C. H. Thurber, 213 Foster Hall, University of Buffalo.

August 20th and 21st, 1926—
American Academy of Periodontology, New York City.

Week of August 23d, 1926—
American Dental Association, Philadelphia.

American Dental Golf Association, on dates to be announced, during week of August 23d, 1926, at Philadelphia.



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ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trademark, Great Britain

July
1926



Volume 15
Number 7

Washington's Headquarters at
Valley Forge

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Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, Calif. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pa.

ADDRESS CHANGES—Since we must start addressing wrappers early in the month preceding the month of issue, it is necessary that address changes reach the district publisher by the first day of the month preceding the issue to be affected. Changes received on July first, for instance, will first affect the August issue. Changes received later in July will first affect the September issue. Both the old and the new address should in all cases be furnished.

7th

INTERNATIONAL DENTAL CONGRESS

We hope
You're going to Philadelphia,
loaded for Bear!

Because we will be looking for you. Members of our Sales and Technical Staffs will be ready to answer all your questions, and to give you all the information at our command upon metallurgy as applied to Modern Dentistry. Yours for the asking are the results of our Research Work —backed up by 114 years experience in the manufacture of Dental Gold.



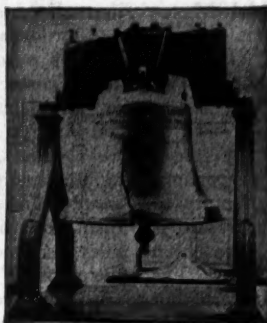
ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trademark, Great Britain

FOUNDED 1911

JULY, 1926

VOL. 15, No. 7



Handbooks of Philadelphia

This issue of ORAL HYGIENE and the next are virtually handbooks of Philadelphia for dentists who plan to attend the International Dental Congress—thanks to the gifted pen of Dr. Frank Fitzpatrick who at the editor's request prepared the delightful article which begins on the next page and will be concluded in the August number.

Samuel Pepys, Jr., D.D.S.

resumes the publication of pages from his famous diary, beginning on page 1247 of this number. Enough said!

Philadelphia and the Dental Congress

By FRANK FITZPATRICK, D.D.S., Philadelphia, Pa.

PART I

JOURNALISM to-day suffers from a plethora of adjectives. The gasconade of balderdash, hurled at the collective head of a lackadaisical public, has been of such Gargantuan proportions as to produce an immunity to sensationalism. The result is that press agents have been forced to roam about, like Diogenes with his lantern, but seeking, not an honest man, but an arresting adjective.

Dictionaries have been gutted in the frantic pursuit of the desired qualitative, which, when brought forth, is immediately seized upon by all competitors and fired upon the public with joyful shouts and cries. The new sauce for nouns is worked by the columnist, the advertiser, the editor, the critic, until at last it passes into the vocabulary of the flapper and so is lost forever. A new search is begun.

Under such conditions it becomes increasingly difficult to interest people in ideas or occurrences, which normally would require no beating of tom-toms to arouse them. Warned by experience that superlatives, as applied by the

journalist and the press agent to such products as the League of Nations, automobiles, oleomargarine, corn-cures, Jack Dempsey, ukuleles, two-pants suits and Gloria Swanson have no basis, other than the effort to arouse interest in them, and hence increase the demand for them, and hence "break down sales resistance" and hence "put them over," the public leers with jaundiced eye at every new attempt to interest it. A plain statement of fact is ridiculed, while exaggeration alone, like the Ancient Mariner, holds the wedding guest's ear.

Those of us, who occasionally give eye to the dental periodicals have noticed, perhaps, in the lists of coming meetings this line:

Seventh International Dental Congress, August 23d-28th, Philadelphia, Pennsylvania.

A plain statement you will admit. For modesty in diction that line makes the weather forecast read like a circus poster. Nothing much to stimulate interest; a mere plain unvarnished statement, without frills, without grace, without adjectives; no dots, dashes, exclamation points, quotes or interrogation

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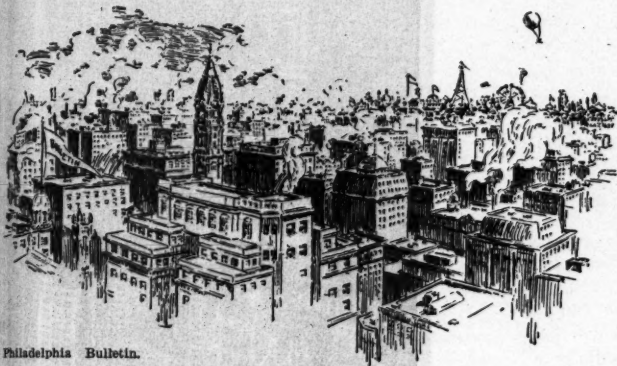
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Philadelphia Bulletin.

marks. In brief, the truth. "Truth," it has been said, "needs no press agent." An axiom about which there can be two opinions.

The Seventh International Dental Congress will meet then in Philadelphia on August 23d. The International Dental Congress will not be without company.

On that same day the American Dental Association, the American Dental Hygienists Association and the Pennsylvania State Dental Society will also meet in Philadelphia. One can imagine how a circus barker would handle this situation.

Adjectives would pirouette and wheel and gyrate in a kaleidoscope of bombast and rhetoric, ending of course with the

old familiar, "greatest show on earth." Stolid, as I am, and unmoved by the noisy jabberings of the propagandist, I grudgingly admit that here at least some justification of the "blurb" may be conceded. Stripped of all the decorative verbiage, standing in the buff as an uncolored fact, one cannot deny that these meetings will be indeed memorable events.

It is reasonably certain too, that a profession ever alert for the advancement of dental science in general and of its own interests in particular, will require no tub thumping to arouse its individual members to the importance of attending the forthcoming Congress.

This meeting, held in conjunction with the annual meet-



The Heart of Philadelphia. View of the business section. High Building in foreground is the Stratford Hotel, which will be the headquarters of the Congress.

ings of National and State dental organizations, will be unique in the history of dentistry in this country.

No gathering of such magnitude, of such importance, is likely to be held for at least half a century.

Eighteen thousand dentists from all parts of the world will be present in Philadelphia on

August 23d of this year. The Federal government has appropriated a sum of money for the entertainment of foreign visitors to this event. That the sum appropriated is trifling reflects, not on the importance of the Congress, but on the discernment of our legislators.

The dentists of America are aware of the necessity of provid-

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view of the City Hall Tower of the central immediate foreground is the Bellevue-Quadrant, headquarters of the International Dental Congress.

The arrangements made, and the program to be presented, guarantee that the Congress will be a wondrous success in all its phases. It alone will amply re-

ward the dentist who attends it.

In addition to the International Dental Congress, Philadelphia is presenting another feature, which will add to the pleasure and profit of visitors to the city this year. As this ORAL HYGIENE goes to print the Sesqui-centennial of American independence is being celebrated with an International

Exposition and pageants depicting the great events in America's history. It is unnecessary to enter into an elaborate description of the exposition, for the committee has employed press agents for the purpose. A brief outline must suffice in an article of this character.

The exposition proper will occupy a site about three miles south of the City Hall and directly north of the Philadelphia Navy Yard. On this site several immense buildings have been erected to house the various foreign and domestic exhibits and a municipal stadium, a permanent structure, seating one hundred thousand people, where pageants and sporting events may be witnessed. There is an auditorium with a monster organ, there is choral singing, there are orchestras of national and international fame, there are airplanes flying in fantastic auras of vari-colored lights, there are track meets, and sham battles, and pink lemonade, and tennis matches, and pretty girls, and sword swallows, and cowboys from Montana and Market Street, and Orientals, and dignitaries in stiff shirts, and peanuts, and gold-diggers, and soldiers, and poets, and gunmen, and light, and laughter, and life.

For here are some at least of the treasures of the universe and here are some of the people who enjoy them.

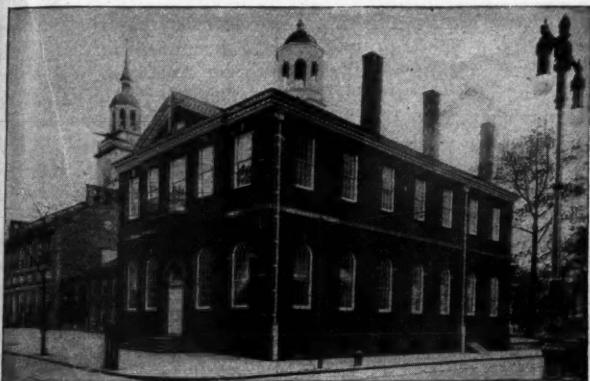
If you prefer a hot dog to a sonata, there is none to decry your choice and none to say you

nay. You may choose your amusement from a potpourri of temptations, and so the choice be yours and freely made, it will pleasure you though it be a prizefight rather than a painting. For the art and science and the frivolity of all the world are here before you.

The progress of civilization from its slow and painful origin to its modern apex of ease and security are dramatized for those who have eyes to see. Colossal engines, marvelous tapestries, paintings, sculptures, landscapes bathed in artificial moonlight, lagoons of mauve and silver, fairy palaces, enchanted gardens—a never-never land arisen from the dog-eared picture books for those who drowse and dream.

No exposition of the scope I have indicated can possibly be limited to a single site, and this is no exception. Scarcely anyone would think of commemorating one hundred and fifty years of American Independence without including in the plans the very scene of the Declaration itself. Certainly no Philadelphian would and therefore Independence Hall becomes a center of the spotlight in the exposition.

In this beautiful old building of purest colonial architecture the Declaration of Independence was adopted and signed just a century and a half ago. In this building reposes the Liberty Bell which proclaimed the adoption of the Declaration—a treasured relic of those stirring days



Congress Hall. One of the relics in Independence Square. The Congress of the United States occupied this building from its third session, December 6, 1790, until the seat of Government was removed to Washington. Washington was inaugurated in this building for his second term.

of the past. It is really Independence Hall and its associations which are the soul of the Sesqui-Centennial Exposition.

The Art Gallery at the head of the Parkway is another focus of the exposition's activities. In front of this building fourteen searchlights of a combined seven billion candlepower strength will send a shaft of light into the sky, which will be visible for more than one hundred miles. The Art Gallery, unfortunately, is incomplete, but the exterior of the building is practically finished and it justifies the boasts of the designers. It is the outstanding achievement of the American architect, the most beautiful building in the western world.

This building will become the American Acropolis. No

inhabitant, having seen it, can again view with equanimity the architectural abominations of the last century. America has grown up.

Philadelphians are not markedly different from other people, although they have some characteristics which may seem queer. Although Philadelphia has ever been known as the "Quaker City" and though the Quaker influence was once of dominant importance, and even today is a potent factor in municipal life, one rarely meets a member of that faith.

As for the oldtime Quaker garb and Quaker speech with its thee's and thou's, they are as extinct as the dodo or the mound builders. Philadelphians are a trifle smug and complacent. Henry James says, "They



Independence Hall, where Declaration of Independence was Signed July 4, 1776. Built between the years 1732 and 1742, the building has been restored by the city of Philadelphia to its original condition. Independence Hall is the mecca of thousands of visitors.

never bristle." Of course they do on occasion, but generally speaking, they purr contentedly enough.

That they are on the whole contented, but not corrupt is evidenced by the old records of the butcher, who was punished for "swearing three oaths in the market place and uttering two very bad curses." In passing one may mention that arrests for such offenses are no longer made, though the law still remains on the books. Philadelphia has been called slow and it is true that affairs move more deliberately here than in other cities.

The methodical arrangement of the streets, laid out by William Penn, and the Quaker tradition of non-resistance, perhaps, have resulted in a general

dislike of disorder, though it be but temporary. But Philadelphia is not gloomy. That old story about being able to tell a man's city by his face is grossly exaggerated. You remember how it goes, working up to the point: "Now you are from Philadelphia" and the indignant reply, "No I'm not; I've been sick for a week and that's why I look this way."

Philadelphia is a religious community. All the shops and theatres close on Sunday and the town takes on a decided aspect of repose. An occasional merchant on South Street or Kensington Avenue has been known to relax somewhat his usual strict observance of the law regarding the Sunday closing, when a likely customer hove into view and the police-

man had started around the block, but in the main little business is conducted on Sunday. The family automobile is released from its moorings, the children's faces are washed and polished, the front door is locked and the key carefully hidden under the mat on the porch, mother and the two youngest are finally persuaded into the back seat, while Jimmy sits in the front with father and off they go to the park or the country, indistinguishable in a long line of similar vehicles on similar errands. At night they return to sit on the porch, or the front steps if there is none, and after some gossip for an hour or two with neighbors similarly occupied, the cat is put out, and so to bed.

The young people head for the park. The park in Philadelphia means Fairmount Park, and here the flappers and drug store cowboys ogle each other under the beneficent effects of moonshine, but not the kind in the bottle. Secluded benches in shady bowers are exclusively occupied by ardent devotees of the rites of Venus, and whispered nothings are more important there than the destiny of nations.

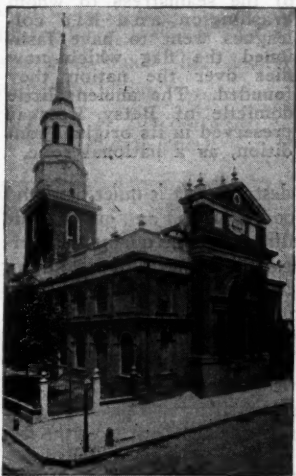
Fairmount is a great deal more than merely a lovers' paradise. Its four thousand acres confine almost two hundred miles of beautiful roads in a natural garden, for Fairmount is almost exactly as Nature left it.

Go out the beautiful Park-

way Boulevard from the City Hall, passing around at its farther end the Art Gallery, and into the River Drive and you will understand why Fairmount is the pride of every native. The River Drive skirts along the Schuylkill river, for the several miles of its length, only to deposit itself in the end on Wissahickon Drive, which leads into Germantown.

I know of no more beautiful walk than along the upper reaches of the Wissahickon.

No automobiles are permitted here; it is a sanctuary for the cyclist, the horseman, and the



Christ Church. Edifice, built in 1695, where Washington, Franklin, Morris and other historic personages worshipped, is in fine preservation and is one of the noted places of interest. Many famous persons are buried in its churchyard.



Betsy Ross House. The home of the seamstress to whom Washington and his colleagues went to have fashioned the flag which now flies over the nation they founded. The ancient little domicile of Betsy Ross is preserved in its original condition, as a national relic.

pedestrian. It is quiet here and wooded hills on either side muffle even the quaint whisperings of the lazy Wissahickon. The roar and turmoil are gone; trouble vanishes as lightly as a leaf on the stream beside you. The city has vanished, not a trace, not a sound, to mar the perfect silence. It is impossible to believe that just over the hill a giant city roars and bellows, blindly groping for the peace and rest it never can learn, is here. We have followed the Wissahickon Drive to the limits of the Park, but had we cared to follow the more routine path, we should have gone from Wisahickon Drive to Lincoln

Drive and followed it to Germantown.

When Penn arrived in Delaware Bay, what is now Germantown marked the southern boundary of a powerful Indian chief named Tamenund (Tammeny), for the patron saint of the New York Democracy gets its name from a Pennsylvania Indian.

Germantown was the scene of a famous battle during the Revolution which took place on October 4, 1777. The battle centered on Germantown Lane, now Germantown Avenue, and although the American forces were defeated, the effect was to cause Howe, then encamped in Philadelphia, to delay his attack on Washington's troops, while they bivouaced that winter in Valley Forge.

You simply must see Valley Forge while in Philadelphia. To me this spot has always represented the greatest triumph of the Revolution. Here they met and conquered those tireless enemies, want and misery and despair. Ill-fed, ill-clothed and paid nothing at all, none-the-less, they held on, fighting back cold and disease and the temptation to surrender. What trial more severe than this? What task more rigorous? What battle more unequal? Gloriously they fought, hunger and cold and themselves, and gloriously did they conquer.

You may see it all at Valley Forge, although the snow, crimsoned with blood-stained footsteps, has been melted many a

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year, and though the grass is green now where phantom Hunger stalked his prey, but little imagination is needed to reconstruct the scene, so carefully is Valley Forge preserved. The old house remains which Washington used as his headquarters, and it, with every inch of ground is sacred soil, hallowed by the blood and agony of that Ragged Continental Army.

No one can be so completely anesthetic to the sense of reverence for the named and unnamed heroes of history, as to be unmoved by Valley Forge.

But no matter where you go in Philadelphia or its environs, you stir the dust of history. Everyone knows of the State House (Independence Hall) where the Declaration was signed. Congress Hall, beside

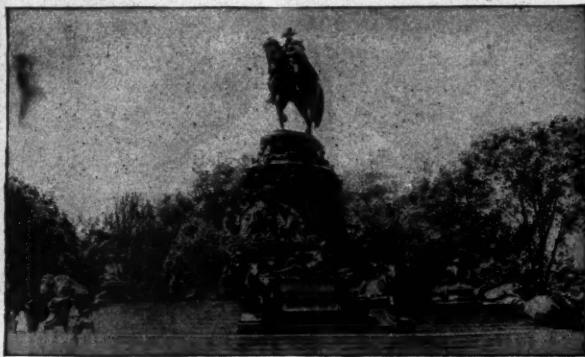
it, was the home of Congress when Philadelphia was the nation's capital. Here Washington was inaugurated for his second term, and here he delivered his Farewell Address.

In Carpenters Hall the first Continental Congress met.

The first American Flag was made by Betsy Ross in a queer little house on Arch Street.

Indeed the "firsts" might be continued indefinitely so intimately is Philadelphia connected with the beginnings of American History. As this article is not intended to be an historical essay, but merely a guide to the interesting things and places in Philadelphia, we must perforce pass over much that deserves some description.

*(To be concluded in
August issue)*



Washington Monument. Imposing Monument erected at the Entrance to Fairmount Park by the Society of the Cincinnati. It cost \$250,000 and is remarkable for the fine symbolism of its sculptured groups surrounding the central figure, an equestrian presentation of the "Father of his Country."



The ORAL HYGIENE Cup

To be awarded to the Runner-Up of the Champion in the Tournament of the American Dental Golf Association to be held Friday, August 27th, in Philadelphia. The cup is of Sterling Silver and stands about 15 inches high.

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Pages from the Diary of Samuel Pepys, Jr., D.D.S.

IT was a disappointment to me not to attend the Chicago meeting this year for I failed to benefit by it as I always do. I have attended for many years. I know that the readers of my diary, however, will not have suffered as a result of the lack of my annual Chicago report.

The next big show I will not miss I assure you. I expect to be there in my glad rags with a clinic representing my home state, I having been asked to do so. You bet I am squirming around the laboratory every day trying to work up a suitable clinic and I guess I will wind up by giving one of my old standby clinics on gold inlay and I hope I won't be kidded too much about my stuff.

There is going to be a hot time this year when the House of Delegates gets together to elect officers.

The passing of Biddle leaves his office open—also that of the President-elect. There are now three candidates in the field; one from

Iowa: he is going to travel on his gold inlay reputation—one from New York, on his parliamentary reputation—and the other from California on his college education campaign.

A hot bunch of candidates and I guess more are coming. I don't know the low-down but it looks like Iowa and California so far to me, unless another dark horse bobs up as happened at the Cleveland meeting.

Jeff Foster certainly has a cinch as President of the American this year. All that he does is to look wise, shake hands, be a good fellow and let the ringmaster of the big show crack the whip.

This chap Logan certainly has his hands full managing the event to be held in Philadelphia and don't forget that he doesn't pull any boners. If you think he falls for the soft stuff, try it on him. Bill is there with his hand on the trigger. Talk about a fellow who knows his tomatoes: this chap, Otto King, our Secretary, went down to Washington, D. C., and before

the Committee on Foreign Affairs, and had them officially invite the representative dentists of foreign countries and on top of that secured an appropriation of five grand to see that all expenses were properly taken care of.

You know the training some of our political dentists receive is invaluable in many respects. There are in the Senate and House, to represent our country in Washington, men who hold the D.D.S. degree.

Florida certainly has a time with its candidates before the board. Since the boom started every dentist with a bit of real estate ability has been down there and some have attended the State Board. The results are best told by someone who has been before that Board. Understand that Carabella has recently been appointed a member of it; he is a clever chap and has done much for dentistry in his state. I was down there several years ago and one of the sights that I never fail to think of when some one talks about Florida is that of a dentist in a boat, with his office equipment therein, traveling from town to town practicing his profession.

Every town in the country no doubt has missed among its number some D.D.S. who has gone to

Florida. May they all get rich and help us with their money in developing our research work!

Can you imagine twenty years ago some one contributing two million dollars for the advancement of dentistry?

Today see what progress has been made when Mrs. Montgomery gave that amount of money to the Dental Department of Northwestern University.

Don't talk articulators to me at the International Congress, I have a dozen for sale.

Philadelphia is not going to be such an awful place to hold the Congress. You know Atlantic City is only an hour away.

Conservative as Philadelphia is, the boys down there are going to give us a bang-up time as they say it's a port town and they don't have the difficulty that is experienced in the Middle West.

I will never forget the Congress held in that town in the Middle West during the time of the World's Fair at St. Louis. It was as hot as Hades but they had a place called Tony's—a place where they served the stuff in big kegs made right in their own town. There's

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where we reviewed our clinics.

There is not the big-time political stuff with the big show that there was at that time. Boy, they certainly had some big league stuff at St. Louis and if the Philadelphia show goes along like it—the pole has been greased slicker than Daddy Hetrick's head.

Now I am anxious to shake hands with Darby when I get to Philadelphia as I've always admired him as a man as well as the many things he has done for dentistry.

Several steamers have been chartered to bring over the foreign delegates and I trust that while on board they will participate to their full capacity in that which they will not find in this country since Mr. Volstead got busy. They certainly will be surprised to know how many dentists in this country have prescriptions filled before journeying to Philadelphia.

You can't charge off on your income tax the expense of attending this meeting; the Government won't allow it. This looks ridiculous as it is part of one's professional education and part of our business to go and get the latest findings for the good of mankind.

There is a delegation I understand coming down from Montreal to invite the American Dental Association to meet there next year. What say you, fellows? I have never been there and it looks like a good place to hold a meeting as I understand the Canadian and French dentists are good hosts.

The only danger that I can see in the above proposition is that the Cuban dentists may feel slighted if the year following we don't travel down to their Island.

When you get to Philadelphia during the Congress and talk to some of the local dentists, don't make the mistake I made by saying that you didn't know the town was so large. They will think you are a yap from out West. You know Ohio would be considered in Philadelphia as the extreme West. The town is not a suburb of New York, it's a regular town and they say in many respects a better town than the big village two hours away.

Don't go to Atlantic City to stay over night unless you reserve a room in advance for over there they are always way shy of rooms at that time of year. Write ahead for your reservation and before you go there go down to the Creek and get a bit of tan before you go in for a dip or the

come-along man will try to sell you some Jersey marshland equal to some of the Florida stuff. It's peddled off to professional men only.

The prohibition question is getting to be like our problem relative to the retention or the extraction of pulpless teeth. The debate held in Chicago between Price and Buckley was ruled "no contest." The principals did not debate the question which the large audience expected them to debate.

There seems to be no middle ground upon which to settle this much discussed question.

Now I am ready to jump in, either direction, any day, for I personally don't know where I stand. There is no denying the fact that a known foci is not the best thing to keep hanging around when one considers health and the question of resistance, of course, plays an important role. I am on the other side when an exposed pulp is present and its removal is indicated and, as Elmer used to say, if it is a strategic tooth I treat and fill the canal, so there you are.

Talking to men who are one hundred percenters—men I have known for years and who are honest in their

statements—I find they say it can't be done; on the other hand the chap who does good canal work, says the teeth can be retained—and there you are again.

Had a time getting a broken broach out of a canal the other day and I sure thought the hundred percent was right and the following day broke off the apical third of the linqual root of an upper first molar and, believe me, I wished I had filled the darn thing before I got out that root end.

There is a new casting machine coming out shortly that will shimmy the gold into place when casting. I certainly need that machine as some of my patients who Charleston come back to my office with their inlays neatly wrapped up in tissue paper.

It is my understanding that Pickerill is coming over from New Zealand to attend the International Dental Congress. Those attending the meeting should listen to his paper as he usually has a good message.

Who can make a guess on the number of modified articulators to be shown at the Congress? I have a new kink on mine as I can get a reverse movement of the maxilla.

"My gosh, I can't understand why they don't make me dean of a school," complained Dr. I. Formerly was to me on the street one day. He said, "Do you know, I could teach them fellows something!"

I looked at him and thought of the many years of experience gone to waste.

Now when this delegation of Europeans make their circular tour after the International Congress and visit Washington, Pittsburgh, Chicago, Detroit, etc., I am going to be sore because they are not coming to my town, Hickville, as I should like to entertain them. We have a new high school; the teachers' college has bought a new site and we're going to put on an addition to our old hospital. These are sights that are worth seeing.

What's the use of always hollering about dental politicians; why not call them dental diplomats?

How some folks, just because they are not themselves in the swing, always say they can't stand politics in their meetings! When you stop to analyze the situation: there must always be diplomats and their lives as such extend only over a brief period; then they are replaced by others. This brings about a certain amount of competition

which is always a good thing.

Certain individuals have ability for organization and given an opportunity usually do a good piece of work as compared with the chap who is given a similar job to do because he is a good fellow and has a pleasing personality.

There is always bound to be a feeling of resentment for the fellow who has put over a big one and back of the firing line you will often hear a lot of small-time chatter.

This Philadelphia meeting when the Congress gets into full swing has less of political odor to it than any big affair the profession has ever tackled.

Headed by Colonel Wm. Logan, who showed us the way when he so efficiently handled the Army Dental Corps, the Congress authorities appear to be making a good job of it. I suppose there will again be the squawker who didn't find his name in a prominent position or was not asked to tea when some notable was being entertained.

As I see it the fellow with the stuff is always where he belongs. They can't afford to push him aside.

What do you think of a substitute for our vulcanite rubber? Don't you think it's about time someone gave

us a radical change in our denture construction? Since the day that vulcanite rubber went into use for making dentures there has been no substitute of merit to reproduce the natural appearance of the mouth.

I have been one of the few let in on the inside of an undertaking which has resulted in making artificial dentures, for over a year, the base of which is similar to Bakelite, so universally used in the electrical world, and a splendid substitute where rubber is indicated. The dentures so far made show that the stuff is practicable and any color can be obtained and the matter of thermal change has also been taken care of.

We, of course, are awaiting the introduction of this stuff especially since I am having a lot of trouble with my vulcanizer and I hope I don't have to buy a new one, since this material may put the old one out of commission.

You've probably heard the story about the dentist who when asked how many children he had, replied "six—and one in the vulcanizer."

Should this new material prove up it certainly will revolutionize our plate work as did the cast gold inlay, but, boy, a good amal-

gam filling, properly worked, can't be beat.

That King made a wise move at the Louisville meeting was shown by the fact that he relieved himself of the editorship of the *American Dental Association Journal*. The selection of C. N. Johnson could not be improved upon. His long experience in this work and his spirit of fair play will make more dental history on this new job of his.

One must marvel at the progress of the *Journal* which has no commercial connections and has stopped forever the scramble between journals published by trade houses for the proceedings of the American Dental Association meeting.

That the business affairs of the *Journal* will be well managed is not to be questioned so long as King shapes this part of its policy. Located favorably geographically and having access to counsel that has proved to be the success of the *Journal of the American Medical Association*, also published in Chicago, contributes to the success of our *Journal* as a professional institution.

The *Journal of the American Dental Association* has been patterned somewhat after the *A. M. A. Journal* and all that we lack at the present time is a cover page that is more in keeping

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with the dignity of our profession. This is a matter of minor detail, however, which may readily be remedied. So few in the profession realize the immense power that our *Journal* wields, and its importance.

Down in Baltimore there was a big muss-up over the State of Jersey refusing to recognize the Baltimore School. It's all cleared up now and things are going along as smoothly as ever.

What a shock to the profession when the New Jersey State Board of dental examiners announced that they would not examine any of the graduates from the Baltimore School, the first dental college established in the United States.

The faculty—a good conscientious lot of teachers—were naturally up in arms when they learned the news. All the trouble was over a misunderstanding that did not amount to anything and a lack of investigation on the part of the Board which apparently hurriedly arrived at their decision.

One of the members, and I guess he was the President, was in Europe and when he returned he, of course, had to straighten out the mess and clear up the situation so that both sides are now happy again.

State boards, as a general

rule, have done good work.

In many locations they have forced the schools to a higher standard and made some of them clean house.

A great many schools, since the Boards have become active, have become affiliated with some university.

In New York they have a good system of relieving the Board of many disagreeable features since the Board of Regents can be used as a recipient of the buck.

On to California goes the Editor, Colonel Rea Proctor McGee, taking with him his D.D.S. and M.D. degree.

He leaves Pittsburgh with one of the local societies tendering him a testimonial dinner, another testimonial dinner being tendered by the staff of ORAL HYGIENE.

I understand he intends practicing his specialty which has developed into broader fields than prior to the World War.

His experience in Mobile No. 1, France, and his connection with the Department of Maxillo Facial Surgery have brought about a class of work never done so extensively as since the War where the work of reconstruction of all types of facial deformities—such as rebuilding noses, lips, etc., reached a high level.

There is probably no one

more fitted for this work than he is as he has always been a recognized anatomical artist and couples this ability with common sense surgical ability. He has been in position to obtain results that heretofore have never been attained.

Having been raised in that atmosphere around Denver the call of the West is in his blood—also I suppose that individuals who desire their physiognomy changed like to go to a climate and environment like that of California. The field is unquestionably there. Now the lifting of faces is becoming more of a science, Hollywood is going to be extremely fortunate in hav-

ing this addition to its professional colony. From now on every time I go to the movies I'm going to wonder if some of the stars I see on the screen have had the attention of our friend the Editor.

He may not find as many fractured jaws and face bruises as he treated around the Pittsburgh steel section but Mother no doubt has a good excuse now to take the baby to California for a cleft palate operation. We know he will be well received in California and we hope to have a visit with him when he joins us at the International Dental Congress in Philadelphia.

A Correction

On page 444 of March ORAL HYGIENE we printed a photograph of Doctors Walter A. Barry and Chas. A. Spahn, of New York, as they sailed on the Majestic for Europe. The item beneath the picture stated they were going abroad to complete arrangements for the International Dental Congress.

This was not the case, neither Dr. Spahn nor Dr. Barry having any official connection with the Congress, as they have both pointed out to the Editor, who assumes full responsibility for not verifying the item which accompanied the picture when received from the International Newsreel Photograph Service.



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The Teeth of ANCIENT MAN

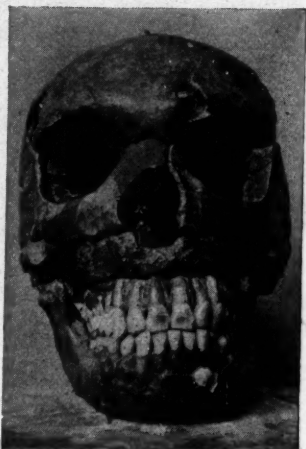
By DOROTHY DUCAS

THE teeth of ancient man were harder, larger and stronger than those of modern white men.

There are few fossil human teeth in existence, but those we have show that ancient teeth had exceptionally strong enamel," declared Dr. William K. Gregory, research associate in the American Museum of Natural History, who has made an extensive study of the teeth of fossil men. "I do not mean to say that there were no infected teeth in pre-historic times, for the Rhodesian skull which was found in South Africa shows decided evidence of decay.

"But the outdoor life of pre-historic man, and his dependence on hard foods, kept his teeth in better condition than modern teeth. The weak spots in his teeth were the deep grooves and pits between the cusps or divisions of the tooth, and that same tendency can be found in teeth today."

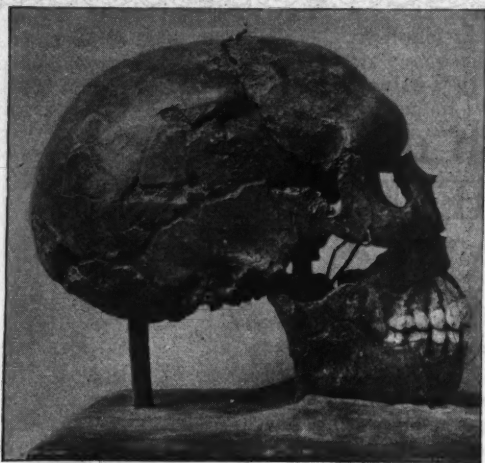
Dr. Gregory showed speci-



"Le Moustier" skull. A youth of the Neanderthal race; aged about 16; found in Dordogne, France, in 1908; now in Berlin. This shows the large, strong, sturdy teeth of ancient man.

mens of the molars of various species of apes, whose teeth more resemble man's than do the teeth of other animals. In fact, Dr. Gregory said that in some cases human teeth and ape teeth have been confused even by experts.

There are three molars on each side of the human maxilla, and three on each side of the mandible, and the same is true of the ape jaws. But in different species, the molars differ in detail to such an extent that it is a reliable method of anthropology to inspect the molar teeth to determine the species or the stage of development of the fos-



Right profile of "Le Moustier" skull, showing protruding jaws.

sil which has been unearthed.

The ape's lower molars are divided into five "cusps," or segments, which are separated by definite grooves or markings visible to the naked eye. Human molars, as a rule, have four cusps, and sometimes a fifth which frequently is so slightly developed that it appears to be merged with the fourth cusp. On the second molar in particular, and often on the first and third as well, there is a definite plus-shaped mark made by the joining of the grooves which is characteristic of present-day teeth, and is not found on the molars of apes.

Another distinction which is very marked is the late appearance of the third molar in modern human beings. It is also found in simian jaws, but "wisdoms" appear in apes earlier than in humans!

These distinctions are, roughly, the main ones between ape and human lower molars. It is necessary to understand the differences before proceeding to a comparison of fossil man's teeth and the teeth of men of today, because the steps in the evolution of man from the lower animals are reflected clearly in the development of teeth, resulting in the smaller and more fragile teeth of modern men.

"There is no one cause for the change in teeth from that early ape-like form to the present-day kind," says Dr Gregory. "To understand the change at all one must rely upon the theory of evolution. If man has evolved from a lower form, the environmental changes that came to him in the various stages between the ape and the modern man would explain the gradual change in the formation

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of his teeth. I refer, of course, to such changes as the introduction of flesh-eating to a fruit-eating race, and the practice of walking erect.

"Ancient man, as distinguished from both the apes and present-day man, had teeth resembling both apes' and human beings' of today. The primitive human lower molar tooth had no plus-shaped mark on the first, second or third molar. The oldest known molars of fossil man all show a distinct resemblance in arrangement of cusps, grooves, and furrows to ape jaws," Dr. Gregory explains.

The Java man, of the early Stone Age, estimated as about 500,000 years old, had two upper molars or grinding teeth not resembling modern man's closely because of their great size and greater roughness of surface. The upper molars resemble those of some orangotangs. The skull of the Java man is so early

a type that he may almost be called an ape.

In the Heidelberg jaw, discovered in 1907, the chin recedes so much that it looks more like an ape jaw than a human, but has front teeth that are much like modern ones. They are small, too, indicating that there was no great strain put upon them such as was put upon the teeth of anthropoids when the teeth were used as weapons. The lower molars each have five cusps as in apes and primitive man.

"The teeth of the ancient Piltdown man, who lived only about 200,000 years ago, have lower molars so much like ape teeth that some people have doubted if he was really human," says Dr. Gregory. "The second molar is larger than the first and in modern man the reverse is true. The teeth were found with a skull that everyone admits is human, so the



Left profile of
"Le Mou-
stier" skull.

chances are that the teeth were those of a fossil man, too."

The molars of the Piltdown man, however, are elongated, much longer and narrower than those in the modern human jaw. The canine teeth or cuspid teeth of the lower jaw are very prominent, like the apes', and a series of parallel grinding teeth unlike modernized teeth would indicate the low stage of development of the Piltdown man.

The Neanderthal Man, who lived about 40,000 years ago, had stout grinding teeth which expanded at the roots, showing that he ate tough food and used great muscular strength in mastication. His teeth form a closely set row, and the incisors do not project as in the Piltdown jaw. The proportions of the teeth are recognized as being thoroughly human, especially when compared with the teeth of the orang-like jaw of the Piltdown man.

"The molars of the Neanderthal man are longer from front to back than in the modernized jaw," points out Dr. Gregory. "The furrows and grooves on them show a striking resemblance in arrangement to ape jaws. Yet the Neanderthal man is one of the more recent prehistoric humans."

The incisors of man have altered considerably since the

early stages, Dr. Gregory explains. The large and tusk-like incisor teeth of the male anthropoid apes were not found in the earliest men. Even in the Piltdown jaw, which is most like an ape's, the canine teeth are more delicate than those of the larger apes such as the chimpanzee. They are more like the canine teeth of a small female ape.

"One of the changes which took place in the evolution of men of the present time was the position of the head on the spine," declares Dr. Gregory, who believes that the changes which took place in the teeth were only because of and along with the other changes occurring in the human body. "At the same time the upright gait was adopted and the size of the brain increased, the jaws and the face contracted. You can see by a comparison of the Neanderthal jaws with the jaws of a white man living now that the white man's face is vertical while the jaw of pre-historic man was more horizontal."

The gibbon, a small ape who runs upright, already has begun to get short jaws, though he is not a man. This change affected the structure of the jaws and teeth, making them smaller, less prognathous, and as small as they are today."

Coming!

"The Renaissance of Dentistry," by Alonzo Milton Nodine, D.D.S., L.D.S., R.C.S.

Facts and Fancies

By
C. EDMUND KELLS,
D.D.S.,

New Orleans, La.



IN GOING over one of our latest text books the other evening, under the chapter upon "Preparation of Cavities in Bicuspids and Molars," I find the following, referring to proximal cavities which do not involve the occlusal surfaces, but *are to be made to involve them*:

"All small cavities of decay are extended until immune areas are reached."

Here, you see, our teacher tells us to extend our cavity into an area of immunity. Is this a

possible fact, or an actual fancy? I think it is the latter, and now I'll tell you why.

During over forty years of practice, one certainly has the opportunity of seeing a whole lot of patients and their teeth. Well, I don't believe that there is any surface upon any tooth that I have not, at one time or another, found carious and requiring filling. The very points of cuspids, the cusps of molars and bicuspids, and the incisal edges of incisors. Every spot that is usually looked upon as being immune to decay, has been

found carious at one time or another. Hasn't that been your experience? It certainly has.

No, come to think of it, I believe that's going too strong, because there really is one single exception to this statement, and that is the lingual surface of lower incisors. I do believe that they have escaped the necessity for filling, but everything else I said, stands.

Now then, if the cusps of molars and bicuspid and the points of cuspids, always considered areas of immunity, do decay once in a blue moon, tell me, how does that happen? Well, it happens only when, for some reason, *these points are defective*. They must be defective or they won't decay.

Now we know, without consulting any dictionary, that when a teacher refers to an "immune area," he means an area that is not susceptible to caries—that's just exactly what he means.

For years and years everybody has been hearing about and talking about "immune areas" and "susceptible areas"—just listening and talking, talking and listening—and as for myself, that's all I have done—listened and talked—and never once have I given the subject any serious thought.

What about you, yourself, "kind readers"? Have you really studied this question very seriously? Are you an exception; and have you done something other than listen and talk? Can it be possible, I wonder, that just because certain men, leaders

in thought, of course, told us that these areas were immune that we just accepted the statement as true and let it go at that? That's been my case, I must admit. How about you?

But tonight it is different. For the very first time my mind received a jolt as I read, and I asked myself, "What constitutes this 'immune area' of which this teacher speaks?" and I was surprised at the answer that question naturally brought out.

In the very first place, an immune area must naturally be microscopic in size; you must grant me that. Then it takes an infinite number of adjacent microscopic immune areas to make up a microscopic immune area that we can recognize. Again you must grant me that. When we refer to an *immune area* upon a bicuspid for instance, we really mean millions of small immune areas all in a bunch—that's what we mean.

So far so good. Now then, let us assume that an immune area *must consist* of one enamel rod surrounded *entirely* by other perfectly good enamel rods, and that no area can be immune unless it is so constituted. One perfectly good enamel rod surrounded entirely by other perfectly good enamel rods. Is that straight? Thanks.

Now then, what happens when a small cavity upon a susceptible area (proximal surface) is extended until these so called "immune areas" are reached, as *our teacher has just told us to do?*

Well, this is what happens.

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The perfectly immune area is encroached upon by the enlarging of our small cavity. The enamel of part of the immune area is cut away and is replaced by a foreign body—gold, amalgam or cement, as the case may be.

Then what do we now have? We have a row of enamel rods all around the margins of the filling that are no longer surrounded upon all sides by perfectly good enamel rods, *the requisite for an immune area*, as they were before we enlarged our cavity.

Instead of this, we have a row of enamel rods which butt up against a foreign body and instantly our immune area vanishes. It is a "fancy"—it no longer exists, a *defect* has been created.

The margins of the cavity which were originally limited to what is accepted as a susceptible area, have been pushed over to an area which *was*, previous to this operation, immune, but this area is no longer immune. All that we have done has been to change the position of the susceptible area—that's all that has been accomplished.

The more I think of this, the more I like the line of reasoning which it has brought forth. It certainly does "look good to me."

The other day a *young girl* came in and among other troubles, I saw an upper bicuspid containing two O.D. inlays prepared upon modern principles, and which together filled an M.O.D. cavity, and decay was

progressing all around their proximal margins—*immune areas*.

She was mighty young for such fillings, so it's a safe bet that some dentist "extended these small cavities into immune areas." Then what? Decay was going on in these immune areas, although the inlays had only been placed there a comparatively short time before.

Again, only very recently, a young lady presented, and I'll say her mouth was in exceptionally fine condition, and she had a number of fillings and inlays, all of which looked *fine*, at a glance.

However, upon examining a large and beautifully finished O.D. inlay in a lower molar, there was the tell-tale blue tinge under the entire mesio-lingual cusp. The inlay had been made by a very fine operator and set a little over two years ago.

Here were *bona fide* cases of "prevention for extension." Tell me, friends, what did it prevent? All that I can see is that it prevented this immune area from remaining immune—and it sure did do that.

If those cavities had not been extended as they were, those normally immune areas would undoubtedly be free from decay today, and not only that, but they possibly would have remained free from decay for ten years longer, or more. That's what extension for prevention did for those girls.

Today, a patient fifty-one years old was in my chair, and he had some *perfectly good* gold

fillings upon the proximal surface of his upper incisors. Those fillings were inserted about thirty-five years ago by a dentist of ordinary ability, and the margins of those fillings are within the "susceptible areas."

What an object lesson! On the one hand, small, *unscientific, old timey gold foil fillings*, thirty-five years old and still going strong. On the other, a beautiful, modern, up-to-date, scientific gold inlay, two years old and going to pieces already!

Now, friends, please just don't you jump right in and "knock me cold" for expressing the opinion that "extension for prevention" *does not prevent*. Have a heart. Stop and do a little thinking "on your own" for a few moments before saying anything rash.

Are you, or are you not, continually seeing O.D. and M.O.D inlays and fillings that are failing because of decay around their *immune margins*? That's what I'd like to know.

Have you, yourselves, had any complex cavities in your own mouth prepared and filled upon these modern lines, and if yes, what was their condition at the end of ten years? Come now, "cross your heart and hope to die"—tell the truth, if it's the last act.

Not for a moment would I consider that I am in a position to combat the universally accepted "extension for prevention" theory. That's not for one, such as I, to do. The "theory" is perfectly all right as a theory; all I am trying to do is

to suggest to those who *fail* in their efforts to put the theory into practice, just why they do fail; just why these immune areas fail; just why their beautiful complex inlays fail.

Just "tune in" on this, for a moment: In 1895 the discovery of the Roentgen ray was announced, and at the same time Professor Roentgen announced that fluoroscopic screens should be made of the platino-cyanide of barium. That was his announcement.

A certain American inventor naturally jumped right into the x-ray field, and in time put out an x-ray machine, and he also soon announced that he had had hundreds of substances tested out, for the purpose of ascertaining what would be the very best material for the making of fluoroscopic screens, and had decided upon the tungstate of calcium. The result was that the other manufacturers of screens adopted the verdict of this nationally-known laboratory without question, and used this substance exclusively.

Thousands of these fluoroscopes were made and sold all over the land. I bought one. Then one day, some doubting soul concluded to do a little thinking and experimenting "on hiw own." He was not satisfied with the screens he was making and he soon demonstrated that the platino-cyanide of barium, as originally suggested by Professor Roentgen, was far superior to the tungstate of calcium after all.

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sands, as the case may have been, of these calcium fluoroscopes, then in use, went into the discard (I threw mine away) and nothing but the platino-cyanide screens were made for a long time.

Then in the course of time, other substances were found to be better adapted to the purpose, and today no screens are made of the platino-cyanide of barium.

Here is a very good example of how science changes. What is accepted practice today is in the discard tomorrow. Ever since the year one, theories have been evolved, tried out and proven *apparently satisfactory* in practice. Then in time—*Time*, that terrible task master—it is found that the practice does not stand up to expectations after all, and then the theory and the practice become of the past.

Could it not be possible that the "extension for prevention" theory belongs to that class? That is a question that possibly the dental profession will yet be called upon to answer.

So now friends, again I ask you to think it over. If you can wade out into these immune areas right up to your neck and make such perfect joints between your inlays or fillings and the enamel well that they will hold till doomsday and then some, then for heaven's sake keep up the good work and never falter.

If, however, your joints do not last until Gabriel blows his horn, if your margins do decay and your work fails—then climb out of such deep water and look around for safer quarters and change your methods. Think this over.

Next Month

"Breaking Blood Vessels," by Dr. C. Edmund Kells.

"Oral Hygiene" at the Congress

ORAL HYGIENE will have a booth at the International Dental Congress next month and will try hard to have an interesting exhibit. Come and see us!



D. H. Burnham & Co. designed the above Medical and Dental Arts office building to be erected at the southeast corner of Lake and Wabash, Chicago, fronting 120 feet on Lake and 100 on Wabash.



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Medical and Dental Arts Club Owners

By AL CHASE, Real Estate Editor, Chicago Tribune



CHICAGO, rapidly becoming the medical, surgical, and dental center of America, is to have a \$4,500,000 twenty-three story Medical and Dental Arts building, which will be a social, professional, and commercial center for middle west physicians, surgeons, and dentists. It will be erected by the Medical and Dental Arts Club at the southeast corner of Wabash Avenue and Lake Street from plans by D. H. Burnham & Co. S. W. Straus & Co. will underwrite a \$3,100,000 first mortgage bond issue on the project.

The Medical and Dental Arts Club, organized less than two years ago, is made up of the Chicago Medical and the Chicago Dental Societies. Dr. John S. Nagel is president; Dr. John H. Cadmus is first vice-president and Dr. Robert H. Hayes second vice-president. The secretary is Dr. Frederick R. Green and the treasurer Harry B. Pinney, John A. King is business manager.

Objects of Club

The board of trustees includes Dr. Frank Billings, Dr. William A. Pusey, Dr. Jeremiah H.

Walsh, Dr. Hugh N. MacKechnie, Dr. Otto U. King, Dr. Charles N. Johnson, Dr. C. E. Humiston, Dr. A. A. Goldsmith, Dr. M. M. Printz and the officers of the club.

In addition to conducting a social and professional club the organization has two other objects, to erect a permanent home for all the medical and dental societies in Chicago and to create a commercial center in which will be located all the leading medical and dental supply houses.

To carry out this program the new skyscraper will contain stores and salesrooms on the first four floors; a two-story auditorium and assembly room on the fifth and sixth floors for use of the medical and dental societies and other large scientific organizations, also headquarters offices for the American Dental Association and the Chicago Dental and the Chicago Medical Societies.

Club on Upper Floors

The seventh to the fourteenth floors will be occupied by medical and dental supply houses. From the fourteenth to the twenty-first there'll be profes-

sional offices for physicians and dentists.

The two upper floors, the twenty-second and twenty-third, will be used by the Medical and Dental Arts Clubs, with a lounge, library and reading room, dining rooms, etc. It is expected to make these the finest clubrooms of their kind in the world. This is said to be the only strictly professional club in the United States which will offer club advantages to its members as well as own and operate a building for the benefit of both professions.

First of its Kind

This building project is unique in that it is said to be the first building undertaken by the united medical and dental professions. It also is said to be the first effort made to create a professional center in any city which would bring together the commercial, social and professional activities of the medical and dental bodies.

The Chicago Medical Society

has been in existence for seventy-five years and the Chicago Dental Society is nearly half a century old. In addition to these two main societies, there are at present in Chicago nearly fifty special societies, such as the Institute of Medicine, the Society of Internal Medicine, etc. These organizations have no permanent meeting places.

Bond Guarantees Participation

An interesting angle to the development of the project is the underwriting of a surety bond guaranteeing the participation of professional medical and dental interests in building this structure.

The site was purchased from Alexander F. McKeown, Jr. Daniel A. Coffey was broker for all parties. Attorneys were Frank J. Loesch and Theodore Schmidt of Loesch, Schofield, Loesch & Richards, and McKinley & Schmauch. S. W. Straus & Co. were represented by S. J. T. Straus and Charles J. Young.

The Old-Timers Series

The first to be presented is Dr. George Fisk Platt, of Chambersburg, Pa., now in his ninety-second year. He will reminisce briefly in August ORAL HYGIENE. Dr. Platt graduated from the Pennsylvania College of Dental Surgery in 1860. He began to employ nitrous oxid anesthesia as early as 1866.

What Does Preventive Dentistry Prevent?

By PAUL R. STILLMAN, D.D.S., F.A.C.D., F.A.A.P.,
New York, N. Y.



PREVENTION of disease is summed up in the word *prophylaxis*. This latter term is derived from Greek roots and means literally, "to place a guard before." To place a guard before what? Why, before the occurrence of disease. After disease has made its appearance, it cannot be prevented for the fact of its presence is established. One cannot prevent a fire in a building after the building has begun to burn. The foregoing facts have been stated to serve as a background for an analysis of the problem of prevention of disease, as we, the dentists of the world, understand this problem. Oral prophylaxis means to prevent, or guard against the occurrence of disease in the mouth.

It is undoubtedly a fact that the term preventive dentistry arrived in the literature of dentistry soon after the term preventive medicine appeared in medical literature. And, there is also no doubt but that the means employed for the prevention of mouth disease has followed closely the philosophy of prevention as understood by the medical profession. What then, are the means employed by the medical profession for the prevention of bodily disease?

The medical profession recognizes two distinct means for the prevention of disease. One lies in the so-called hygiene measures which for a long time have been inculcated into the minds of the public, such as diet, exercise, sunlight and bodily cleanliness.

The second means employed

by medical men in the control of disease and the prevention of its incidence, is more indirect and artificial. Pasteurization of milk, vaccination and antitoxic inoculations are artificial means used in general prophylaxis. Both prophylactic and hygienic measures have done much to prevent disease and prolong life. But what of preventive dentistry? Can we proclaim to the world that the two divisions of disease within the exclusive field of dentistry, viz., dental caries and periodontal disease are already under control? I think no dentist would be so rash.

The use of the term preventive dentistry and the term oral prophylaxis have through custom been used as synonyms. Some lay wag has said, that they are both musical (euphonious) terms, and that he had come to understand that one was "instrumental" and the other "vocal."

Certain it is that so far as the dental profession is concerned there has been more "preaching" than "practicing." And, in this regard, oral prophylaxis has been more "oral" than "prophylactic." Oral hygiene has made more noise than general hygiene but it has less to point to as its accomplishments. Why should not dentists practice what they preach?

I do not wish to minimize the value of research work in this field, for value it has if only of a negative character. But, what of its practical application? "Extension for prevention" is definitely a procedure employed

after disease has started. It is, therefore, not preventive. A similar reasoning has been applied to other procedures, such as the capping of pulps. Even so worthy an operation as prophylactic odontotomy is frequently found to have been instituted "after the horse was stolen," in that decay had already started "before the barn door was locked." These operations are not preventive—they may better be termed "preservative."

Monthly polishing of the teeth, called "prophylactic treatment," has undoubtedly accomplished much good. Its reasonable advocates, however, do not claim that it really prevents disease, at least not within many points of 100 per cent.

Is it then to be considered preventive dentistry?

Students of nutrition have claimed that the answer to the problem of preventive dentistry lies in diet. Much may be said in support of their arguments. Unfortunately, these arguments are best substantiated by left-handed evidence. In other words, it seems to be easier to produce caries by diet deficiency than to prevent it by "balancing the diet." Even the prenatal clinic has yet to hatch its first chickens for counting. This being the case, what is Preventive Dentistry? Is there any such animal? If so, who is practicing it?

According to my own conception, preventive dentistry lies in the hands of any dentist who really wants to practice it.

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Given a reasonable diet and fair general health; given dental arches of fair alignment; and with occlusal fissures cut out and filled, whether carious or not, prevention may be summed up under three headings—first, occlusal balance; second, cleanliness; third, stimulation of blood-supply.

These things are the prime requisites for the health of oral structures. Occlusal balance is required for normal function and for the proper working of the alveolar and gingival circulatory system. This can be demonstrated in both a right-handed and left-handed manner. For not only does unbalanced occlusion lead to disease, but correction of an unbalanced and therefore an irritating occlusal relationship will rapidly and patiently lead to health.

Although no one has ever proved that "a clean tooth never decays," it is, nevertheless, true that mucoïd and calcareous accumulations on the tooth predispose to caries and periodontal disease. Their removal is therefore an essential in the programme of prevention.

Stimulation of the blood-supply! Here is the crux of the whole problem. The occlusal relations may be so harmonious as to present no obstacle to the

free flow of blood in the vessels of the parts. The tooth surface may be free from deposits which might cause gingival congestion. But, unless some positive stimulating influence is brought to bear, the blood-supply will be inadequate for the prevention of disease.

Stimulation of blood-supply may be accomplished in several ways. The most efficient as well as the most convenient is by means of proper toothbrush—*properly used*. Not only is the toothbrush most efficient and convenient, it provides for this efficient treatment daily and in the hands of the patient, where it can be most economically given.

I cannot speak too highly of this treatment, for treatment it is, which I have used in my practice with most striking results for the past three years. I have described the method of using the brush which I teach my patients in an article entitled, "Physical Culture for the Gingiva," which appeared in ORAL HYGIENE for September, 1924. And, to this I refer your readers. Suffice it is to say here that I believe that in the correct brushing of the teeth and gingival lies the major part of the solution of the preventive dentistry problem.

Coming!

A series of "Suggestions for the Writing of Dental Papers," by John Bell Williams, Ph.G., D.D.S., of Richmond, Va.



Facial Expressions and Dental Orthopedics

By MOSES JOEL EISENBERG, D.M.D.,
Roxbury, Mass.

Fellow of the Harriet Newell Lowell Society for Dental Research of the Harvard University Dental School. Chief, Department of Dental Orthopedics, Forsyth Dental Infirmary for Children, Boston, Massachusetts.

FACIAL expressions have long been a standard of racial identification and as far back as the early seventies, zoologists and anthropologists were working up the claims of evolution through their studies in facial expressions, particularly the angle.

The facial expression, however, can also have another bearing and in our science I will apply it to its relationship in dental orthopedics.

Dental orthopedics has striven for many years and will continue to endeavor to educate the general practitioner in dentistry, as well as the public, in the advantages of early treatment of malocclusion of the temporary teeth rather than the perpetration of such serious mistakes heretofore made in waiting for the permanent teeth to erupt and then treating these deformities already developed through long years of tedious and trying application of forces.

Through my studies in dental orthopedics these new observa-

tions as regards facial expressions and angles have been constantly coming to my attention, thus many of the facial expressions in children that we have for so many years called "cute" are really sign-post conditions which are causing real serious defects in the articulation and occlusion of the temporary teeth.

These pert, turned-up noses are really indicators of the inability of Nature to grow the pre-maxillary segment.

The short pouting lips so often typified as a mark of beauty are really falsely admired because of the deformities that lie beneath them.

It is only, then, when we can see beauty in the regularly shaped face whose tender tissues cover a well occluding set of temporary and later permanent teeth, that we will know what real facial beauty is.

Let us analyze briefly the expressions on faces and if we can, visualize the oral conditions. With our pert, turned-up nose there is always found a depressed nasal bridge and also a depressed condition across the

maxillary bones from canine fossa to canine fossa. This depression causes poorly developed sinuses, crowded and distorted turbinate bones in the nose and consequently pressure on the ethmoid bone and its articulating members of facial and cranial structure. The teeth in this case are always tilted at a greater angle than in a more regularly arranged face. Treatment of a case of that type will undoubtedly prevent horizontal impaction of the permanent cuspid and of the laterals.

In cases of these cute pouting lips which more than close together, thus causing a roll on the upper and lower lips, may be put down as cases of severe overbite and, if that is so found, it means that there is a failure in the development of the lower jaw for some physiological reason. Early treatment will prevent this severe overbite from

continuing into the permanent teeth as well as preventing the over-retention of the lower temporary incisors and thereby lessening the probabilities for the impaction of any of the permanent lower incisors or laterals.

In cases of angular expressions wherein the apex of the facial pyramid lies in the nasal plane causing an acute angle with the planes of the depressed cuspid fossae, a marked development of the cuspid region is imperative to prevent impaction of the cuspid teeth as well as badly crowded and disarranged bicuspid and molars with the consequent annoyance to the masticating function. In general, facial studies must be made in conjunction with studies from the casts of the teeth and from the charts of the teeth as we, as scientific students, are to engage in the conscientious practice of dental orthopedics as well as dentistry.

"Oral Hygiene" on the Screen

"Topics of the Day" recently celebrated its seventh Anniversary. Everybody is familiar with this movie feature; the producers estimate that it has an audience of over fifteen million.

During 1925, ORAL HYGIENE was quoted several times in "Topics of the Day" which means that three thousand theatres, catering to a total audience of over fifteen million, projected on their screens quotations from ORAL HYGIENE's Laffodontia page.



Editorials

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Sesqui-Centennial



JOHN PARR lived one hundred and fifty-two years. For one hundred and thirty years he was a bachelor; then he married and only lived twenty-two years longer.

Here was one man who lived a sesqui-centennial himself. Why not have a wrinkled statue of him at Philadelphia?

The Seventh International Dental Congress will meet in August in Philadelphia in conjunction with the Sesqui, and if that flunks the Dental Congress will be held anyway.

This Congress will demonstrate how far the science of dentistry has gone toward "Par." Dentistry has gone a long way in the fifty years since the Centennial Exposit-

tion at Philadelphia—further in fact than in all of the years which preceded that exposition since the world began.

This Congress will be one of the great epochs of dentistry.

Make your reservations as soon as possible so that you will be sure to attend.

The Penalty of the Pioneer



WHEN Roentgen discovered the x-ray, no one dreamed that it would be adapted to dental use. Dr. C. Edmund Kells, of New Orleans, began experimenting with the x-ray as a factor in oral diagnosis almost as soon as medicine began to experiment with this new instrument in general diagnosis.

As everyone knows, who has had any experience whatever with the x-ray, the pioneers took their lives literally in their hands, because nearly all of them had their hands so severely burned by constant exposure to the unprotected ray that in later life most of them have developed epithelioma and carcinoma of the hands, of the most malignant type.

Our own beloved Eddie Kells, who has

written so instructively and entertainingly in ORAL HYGIENE for many years, has suffered the extreme penalty, and only last week had his hand amputated in order to save his life. Dr. Kells had kept up his cheerfulness and hard work, even through all of his suffering in undergoing operation after operation, in a vain effort to retain at least a portion of the afflicted hand.

But finally it was either certain death or amputation, and, fortunately for his friends, he chose the amputation. The spirit of Dr. Kells is the kind that does not fail in the presence of an apparently insurmountable obstacle. Almost anyone would think that a dentist who had lost a hand would no longer be a dentist. Not Dr. Kells! He will continue his practice as a radiographer, giving the benefit of his many years of study and experience to diagnosing the dental ailments of his patients, and he will continue his work as an author upon dental subjects, only eliminating from his practice oral surgery, in which he was very skillful. Dr. Kells is an example of what every man in the profession should be—a thinker, student and an uncomplaining sufferer when it comes his time to be the patient.

Let us all give him every encouragement

and do as much as possible to cheer him in these dark days of uncertainty.

"A Symbol"

ALMOST every profession has a symbol which indicates its own particular group, as for instance medicine has the Caduceus. The Caduceus of course being the wand of Mercury, which was presumed to have been thrust between two struggling serpents, who then became friends and wound themselves around this peaceful stick, there to remain through all eternity.

The symbol of the Caduceus, in medicine, has always been to me rather a question as to whether medicine indicated by this symbol that it was a peace-maker, and could even stop a snake fight, or whether the gentleman who carried the stick symbolized one of the most important drugs in the medical category. Possibly it means that the fellow who has to take the mercury had just as well take the snake bite. At any event, every Medical Corps in every army in the world has some form of a serpent to symbolize its calling.

The Engineers have a castle, which would

indicate their profession of building, and I would rather suppose the undertakers would have a spade. In any event, it is suggested that dentistry, instead of having a modification of the medical emblem, get up one of its own, and to this end ORAL HYGIENE will be very glad to receive suggestions and drawings in an effort to find out what the general consensus of opinion might be as to the most desirable conventional design to represent this very energetic and progressive profession.



First Call---Reveille!

LISTEN! From some mysterious point afar, cleaving the chilly mists of early morn, come the clear, ringing notes of First Call, arousing trumpeters for immediate duty and warning all those awake, of the impending summons.

It comes! The strong sonorous tones of Reveille peal forth, accompanied by the morning gun, whining out the daily complaint: "I can't get 'em up," disclosing innermost secrets of comparative difficulties experienced with each grade of rank, and, alas, proclaiming "The Colonels the worst of all."

Thus another military day is born, one of promise, of duties to be performed, of achievements, and perchance, one of history. May it, in this instance, prove prophetic.

Heed ye the Call! O, Militant Sons of Dentistry! arouse and prepare now, that ye may be present to answer "Here" at the Roll Call formation scheduled for Monday, August 23d, at Headquarters Section XIV, Seventh International Dental Congress, Philadelphia.

There let us join together two thousand strong from all sections of this fair land of ours, in extending a welcome to our confreres from other countries to strengthen the ties of comradeship, to celebrate the achieve-

ments which helped to place dentistry irrevocably in the military service, and on the war maps of the World, to read and discuss essays on pertinent subjects in scientific study, technical knowledge, and constructive service that will serve to advance the cause of Military Dental Surgery and to participate in a comparative study and unbiased consideration of the different National types of post-war military dental organization, as revealed in the Symposium of Reports on Military Dental Service, presented by representatives of seven nations.

Mess Call for the dinner to be given conjointly by Section XIV, and the Association of Military Dental Surgeons, will be blown at 6:30 p. m., Thursday, August 26th, at a place to be announced later by publication and placards.

Dental Officers of the Regular Services, the National Guard, and the Reserve, and all other Dental Veterans of the World's War, are invited to appear in uniform during the two-day session of this Section. Particularly are they so requested to appear on the evening of the Mess Dinner.

ROBERT TODD OLIVER,
President, Section, XIV.
Seventh International Dental Congress.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

"I hear that 'Abie's Irish Rose' is going to close for a week."

"What for?"

"So the members of the company can have their faces lifted."

STUER: "My wife has run away with a man in my car!"

STOYER: "Good heavens! Not your new car!"

"What price are these bass saxophones?"

"They come very low, madam."

EDITOR: "What shall I say about the two peroxide blondes who made such a fuss at the game?"

REPORTER: "Why, say the bleachers went wild."

HELEN: "Gracious, it's been five years since I've seen you. You look lots older, too."

KITTY: "Really, my dear? I doubt if I would have recognized you, but for your coat."

MOSES: "The food you're serving us here ain't fit to eat."

PHARAOH: "So's your old manna."

BEN: "May I have the last dance with you?"

HER: "You've just had it."

"How is your baby, my dear?"
"He cuts into the bridge dreadfully."

ELLA (aged six): "Auntie, were you ever in a predicament?"

MAIDEN AUNT: "No, dear, but heaven knows I've tried."

"Here's my bill," said the dentist.
"Wish you would pay down \$100 and then \$25 a week."

"Sounds like buying an automobile," said the patient.
"I am."

FLAP.: "Belle's mother must be stupid. I don't believe she knows a thing."

JACK: "What is more, she doesn't even suspect a thing."

MOTHER: "Do you want to hear a story about a good little girl?"

SMALL DAUGHTER: "Maybe, what was she good at?"